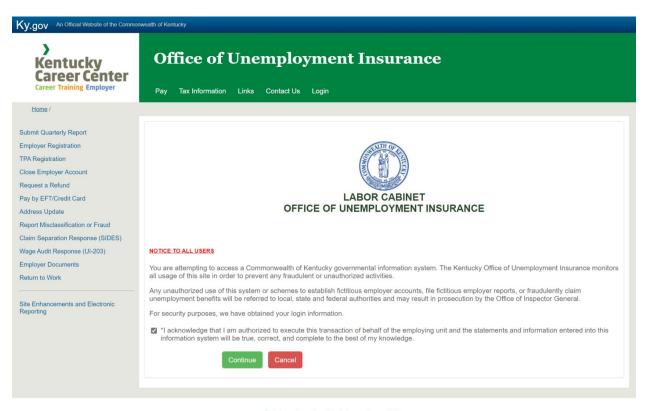
UI-21, "Report of Change in Ownership or Discontinuance of Business in Whole or in Part", Rev. 2021







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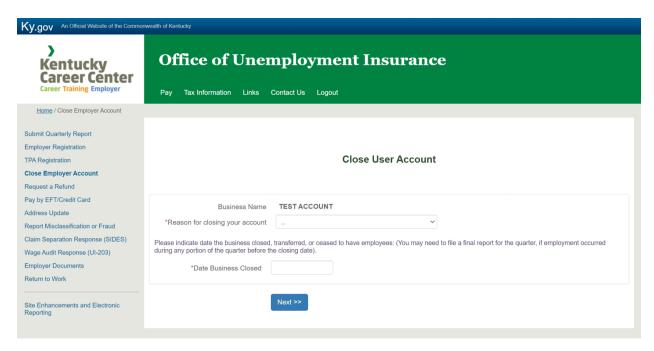
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Account Login				
*KEIN or TPA number	KEIN/TPA#			
*Password	password			
	I'm not a robot	reCAPTOHA Privacy - Terms		
	Log In			
Forgot your password? or Change your password				
Note: please enter the 8 or 9 digit Kentucky Employer Identification Number (KEIN) or Third Party Administrator Number (TPA) as shown on your report without spaces. KEIN Examples				







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#### Home / Close Employer Account Submit Quarterly Report Close User Account Employer Registration TPA Registration Close Employer Account Request a Refund Business Name TEST ACCOUNT Pay by EFT/Credit Card \*Reason for closing your account Business sold or transferred to new ownership > Address Update Report Misclassification or Fraud Please indicate date the business closed, transferred, or ceased to have employees: (You may need to file a final report for the quarter, if employment occurred during any portion of the quarter before the closing date). Claim Separation Response (SIDES) Wage Audit Response (UI-203) 09/01/2021 \*Date Business Closed **Employer Documents** Acquiring Party Information -Return to Work Please provide the following information regarding the purchase or transfer of your business. Site Enhancements and Electronic \*Business Name Acquiring party \*FEIN \*Contact Name \*Title \*Address Line 1 Address Line #1 Address Line 2 Address Line #2 Country \*Zip Code \*City \*State Please Select \* Phone Email Email address \*Was the business sold in entirety or was any portion retained? O Entirely (100%) Partial (retained a portion) \*Did the new ownership retain your employees? O Yes O No \*Did the new ownership acquire any work contract or commitments from your former business? O Yes O No \*Will the new ownership operate business in the same location? O Yes O No





# Office of Unemployment Insurance

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Address Update Report Misclassification or Fraud Claim Separation Response (SIDES) Wage Audit Response (UI-203) Employer Documents Return to Work	Please read each statement and check the acknowledgement box to proceed.  1 agree to notify the Kentucky Office of Unemployment Insurance if I resume business or employment in Kentucky. (The Office will require me to complete an application for reinstatement)  1 agree to file all final quarterly reports that are due.  2 *Closing my account does not relieve me of any delinquency or past due amounts owed to the Office. (The Office will pursue all efforts necessary to collect past due debts)				
Site Enhancements and Electronic Reporting	□ *I am not closing my account for the sole purpose of obtaining a new account. (The Office monitors payroll shifts, tax manipulation schemes and other fraudulent activity)  ELECTRONIC SIGNATURE  (The Statement of Acknowledgment must be accepted to submit the application and complete the registration.)  I agree, under the penalties of perjury, that the statements and information entered in this registration application have been examined by me and to the best of my knowledge are true, correct, and complete. I also acknowledge that I am authorized to execute this transaction on behalf of the employing unit.  ¹ 1 Agree				
	*FIRST NAME MI *LAST NAME *TITLE				
	First Name Last Name Title				
	Friday, October 01, 2021  <- Previous Close Account				





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	Employer Account Registration
elcome to the Kentucky Unemp	loyment Tax registration process. In order to proceed with the registration process, you will need the following:
*Enter y	our FEIN
*Re-enter FEIN (for ve	rification)
ote: If you do not have a FEIN, y	rou may visit the IRS website at <u>www.irs.gov</u> to apply for one.
denotes required field	Continue Registration
	Continue Registration





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Home / Submit Quarterly Report **Password and Security Questions Setup** Employer Registration TPA Registration Close Employer Account Passwords must adhere to the following rules: Request a Refund At least one lowercase letter (a to z) and one uppercase letter (A to Z) At least one digit (0 to 9) and at least one special character (!, @, #, \$, %, ^, &, \*)

Password length must be between 8 (minimum) and 20 (maximum) characters as described above Pay by EFT/Credit Card Address Update Remember that the password created here will be used in the future in reference to this business for any other functions performed through this website, including but not limited to: address changes, refund requests, and quarterly filling and payments. Report Misclassification or Fraud Claim Separation Response (SIDES) Wage Audit Response (UI-203) \*Enter your Password Password **Employer Documents** \*Verify your Password Re-enter Password Return to Work Please select security questions and answers Site Enhancements and Electronic Please Select Question..... \*Security Question #1 \*Security Answer #1 \*Security Answer #1 \*Security Question #2 Please Select Question.... \*Security Answer #2 \*Security Answer #2 \*Security Question #3 Please Select Question..... \*Security Answer #3 \*Security Answer #3 \* denotes required field Continue Registration





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#### **Employer Account Registration**

- · While completing the registration process, you may use the previous and next buttons to view or change the information you have entered.
- If you close the window to exit the application, all information will be lost and will not be saved.
- · You will have the opportunity to print or save a PDF version of this registration at the end of the process.
- If you have any questions during the registration process or need assistance, please contact the **Unemployment Insurance Tax Status Department at 502-564-2272** between the hours of 8:00 am and 4:00 pm EST.

#### Please select from the following options to proceed

• I am a brand new business in Kentucky. I did not purchase or acquire all or part of an existing business.

• I am a brand new business in Kentucky. I have purchased or acquired all or part of an existing business.

>> New Business Registration as a Successor

• I already have an inactive Kentucky Employer Identification Number (KEIN) and I have now resumed employment and need to reinstate my account

>> Registration to Reinstate your account

• I am applying to determine liability for an unemployment reserve account in order to obtain a letter of good standing for the Kentucky Secretary of

>> Registration for Letter of Good Standing

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Successor Employer Business Type

You have indicated that you have acquired or merged with another business in whole or part, or have made changes to your existing business. Please select one of the following that best describes your situation:

- O Purchased or acquired an existing business in entirety
- O Purchased or acquired an existing business in part
- O Restructured prior business structure with no FEIN change
- O Restructured prior business structure with FEIN change
- O Leased existing business
- O Lease reversion (control of the business is reverting back to your company) \* denotes required field

<< Previous

Next >>





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#### **New Employer Registration**

- · Regular Business Services performed in a for profit business. Most new businesses fall within this category.
- Domestic Business Services performed in a private home such as a caregiver, housekeeper, cook or other household employment.
- Agricultural Business Services performed on a farm in connection with raising or harvesting an agricultural or horticultural commodity.
   Please Note: Horse racing is a Regular Business type and does not fall under Agricultural Business type.
- Governmental Business Services performed by a state agency, college, university, hospital, local county or city governments and their agencies.

Please Note: Governmental contractors are Regular Business type and do not fall under Governmental Business type.

 Non-Profit 501(C)(3) Business – Services performed for a not for profit 501(c)(3) organization such as a charitable, religious, educational, scientific, literary or other organization. You will be asked to provide a copy of your IRS status and exemption letter before we can finalize your registration.

Please Note: Kentucky Unemployment Insurance only recognizes 501(c)(3) organizations as Non-Profit. If you do not have the (C)(3) status, please apply as a Regular Business type.

Please select your Business type from the drop down menu below and click the "Next" button to proceed.

\*Business Type REGULAR

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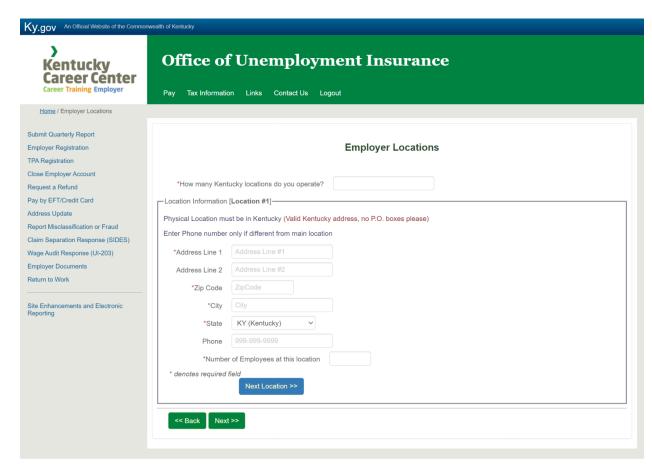
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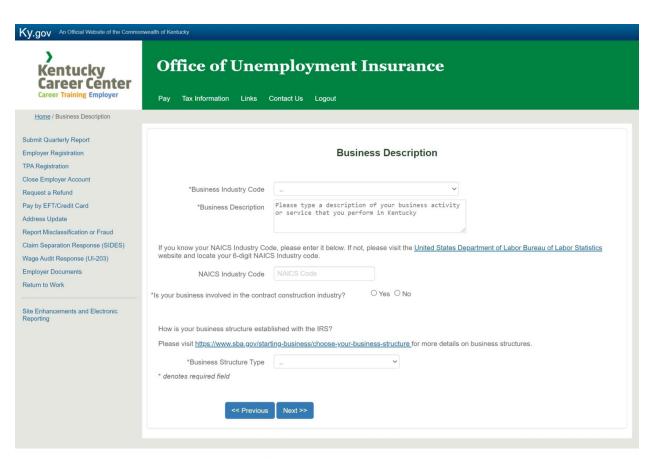


Ky.gov An Official Website of the Commonwealth of Kentucky Office of Unemployment Insurance Kentucky **Career Center Career Training Employer** Pay Tax Information Links Contact Us Logout Home / Business Information Submit Quarterly Report **Business Information** Employer Registration TPA Registration Close Employer Account Federal Employer Identification Number (FEIN) 611112222 Request a Refund Pay by EFT/Credit Card \*Legal Entity Name Address Update \*Trade Name or Doing Business As Report Misclassification or Fraud -Business Mailing Address -Claim Separation Response (SIDES) \*Address Line 1 Address Line #1 Wage Audit Response (UI-203) Employer Documents Address Line 2 Address Line #2 Return to Work United States \*Zip Code Site Enhancements and Electronic \*City \*State Please Select \* Phone \*Email 🗸 I elect to enroll in electronic benefit claim notifications, and acknowledge future notifications will be sent to the email address provided. -Business Contact Representative-\*Full Name \*Title \*Phone \*Email Email address \* denotes required field













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Address Line 1
Address Line 2
Country
"Zip Code
"City
"State
Email

\*Does this business share currently or previously open.

contro Owner/Officer Information	ers are registered with the busine olling, financial and decision mal or [Officer #1 out of 1]	ing interest? 1
*Social Security #	999-99-9999	
*First Name	First Name	
Middle Initial		
*Last Name	Last Name	
*Title	Title	
*Address Line 1	Address Line #1	
Address Line 2	Address Line #2	
Country	United States	v
*Zip Code	ZipCode	
*City	City	
*State	Please Select ~	
Email	Email address	
currently or previously ope	erating in Kentucky? ○ Yes ○ No	ip, management or control (including a common parent company) with any other busines





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Service	Provider	Information

\*Do you have workers who perform services for your business whom you consider to be self-employed or independent contractors?

O Yes O N

\*Do you have workers who receive 1099 forms, instead of W-2 forms?

O Yes ON

\*How will you be filing your Quarterly Tax and Wage Reports?

- O Electronic Filing on website (Required if you are reporting 10 or more employees)
- O Paper Filing (The Office will mail you a UI3 form. Electronic filing is encouraged)
- O File through a third party administrator CPA, Payroll Provider

#### SERVICE PROVIDER ADDRESS

Service Providers are third-party providers such as CPA's, Bookkeepers, Accounting Firms or other entities you allow to file your Quarterly Tax and Wage Reports (Form UI-3) on behalf of your business.

\*Do you wish to authorize a service provider to discuss or receive information regarding your account?

O Yes O No

\* denotes required field

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Statement of Acknowledgement Please read each statement and check the acknowledgement box to proceed. " \*I agree to notify the Kentucky Office of Unemployment Insurance if I close, cancel, sell, transfer, or restructure my business or have new ownership. (The Office does monitor payroll shifts from one business to another. Penalties may be imposed for a business who tries to manipulate their unemployment tax 🗎 \*I understand that I must file and pay quarterly unemployment tax reports and if my business reports 10 or more employees, I must file and pay electronically. (Electronic filing and payments are strongly encouraged to avoid lost mail or pages from your report that can become separated during "I agree that I will be filing quarterly reports under my assigned KEIN for my employees only and I am not an employee leasing company filing for multiple employers under one tax number. (Kentucky Unemployment Insurance prevents "employee leasing" and "payrolling". Each employer is required to maintain their own individual experience rating. A combined or blended rate for a group of employers is not permitted. "Failure to file quarterly reports will result in a \$25 late fee if the report is filed within 30 days or less from the original due date and a \$75 late fee if a report is filed over 30 days late. An additional \$100 penalty will be added if multiple reports are late in the same calendar year. (A report is considered to be incomplete and not filed if it is missing an employee wage listing or does not have the entire wage listings reported. Electronic filing is strongly encouraged to prevent missing wage listings.) **ELECTRONIC SIGNATURE** (The Statement of Acknowledgment must be accepted to submit the application and complete the registration.) I agree, under the penalties of perjury, that the statements and information entered in this registration application have been examined by me and to the best of my knowledge are true, correct, and complete. I also acknowledge that I am authorized to execute this transaction on behalf of the employing unit. ☐ \*I Agree \* FIRST NAME \* LAST NAME \* TITLE

